

# SHOCK

<b>EMR</b>	<ul style="list-style-type: none"> <li>❑ Routine Medical Assessment and Interventions</li> <li>❑ Obtain SpO<sub>2</sub>, ETCO<sub>2</sub>, and/or CO readings via non-invasive devices as indicated for the situation and when equipment is available.</li> <li>❑ Oxygen as indicated, if SpO<sub>2</sub> is below 94%</li> <li>❑ If able, without risk of exacerbating injury etc, position patient to ensure maximum circulation – legs elevated 8 to 10 inches and on left side.</li> <li>❑ Control bleeding as indicated</li> <li>❑ Maintain normal body temperature as much as possible – use of silver space blanket; avoid removal of clothing unless necessary.</li> <li>❑ Consider entry into Trauma System if appropriate – see Trauma Entry Procedure</li> </ul>	<b>EMR</b>
<b>EMT</b>	<ul style="list-style-type: none"> <li>❑ If anaphylactic shock suspected, consider Epinephrine – See Allergic Reaction/Anaphylaxis guideline</li> </ul>	<b>EMT</b>
<b>AEMT</b>	<ul style="list-style-type: none"> <li>❑ Initiate vascular access as needed and indicated.               <ul style="list-style-type: none"> <li>○ Consider 2 large bore IVs if patient presents with unstable signs/symptoms – do not delay on scene if ambulance transportation is available to initiate IV/fluid resuscitation.</li> </ul> </li> <li>❑ Consider <b>Normal Saline 250 to 500mL bolus</b> as needed to maintain Systolic BP &gt; 100mmHg (do not exceed 2 liters of fluid).               <ul style="list-style-type: none"> <li>○ If Cardiogenic shock is suspected, monitor lung sounds closely and conservatively administer fluids. Discontinue fluids if any signs of pulmonary edema present.</li> </ul> </li> </ul>	<b>AEMT</b>
<b>EMT-I</b>	<ul style="list-style-type: none"> <li>❑ Obtain ECG as needed and indicated.</li> <li>❑ May consider adult IO placement if peripheral access limited or non-existent</li> </ul>	<b>EMT-I</b>
<b>PARAMEDIC</b>	<ul style="list-style-type: none"> <li>❑ <b>Acquisition and Interpretation of 12-lead ECG</b></li> <li>❑ If shock state is unresponsive to fluid therapy and/or is likely due to cardiogenic or sepsis, may consider administration of vasopressive medications (where available):               <ul style="list-style-type: none"> <li>○ <b>Dopamine infusion 2-10 mcg/kg/min. OR</b></li> <li>○ <b>Epinephrine infusion 2-10 mcg/kg/min</b></li> </ul> </li> </ul>	<b>PARAMEDIC</b>

## Clinical Care Pearls

- ❑ Do not delay patient transport to obtain vascular access.
- ❑ Relative hypotension should be considered with a systolic blood pressure of less than or equal to 100mmHg.
- ❑ Relative tachycardia should be considered with any heart rate greater than or equal to 120 bpm.